

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 13, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT Code 99213 for date of service February 8, 2003 and HCPCS Code E1399 for date of service February 12, 2003.

II. RATIONALE

The requestor states in the request for dispute resolution that... "The carrier had initially failed to respond to our initial billing. Upon our request for reconsideration they finally denied payment stating that the billing was a duplication". The respondent's response of February 4, 2004 states that... "The liability dispute originally reflected in the EOBs is expected to be resolved. Payment will be made in accordance with the Medical Fee Guidelines".

- CPT Code 99213 for date of service 02/08/03 denied as "U8D – This item was previously submitted and reviewed with notification of decision issued to payor/provider (duplicate invoice)". The requestor was contacted on April 2, 2004 and payment has not been received. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2) and the CPT descriptor, submitted relevant information supports delivery of service. Reimbursement in the amount of \$48.00 is recommended.
- HCPCS Code E-1399 for date of service 02/12/03 denied as "U8D – This item was previously submitted and reviewed with notification of decision issued to payor/provider (duplicate invoice)". The requestor was contacted on April 2, 2004 and payment has not been received. Per the 1996 Medical Fee Guideline, DME Ground Rule (X)(C) relevant information supports delivery of service. Reimbursement in the amount of \$85.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99213 & HCPCS Code E1399 in the amount of \$133.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$133.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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